



To Grievance Office

REGULAR GRIEVANCE

Log Number: _____

DeIonta	Ophelia	1014174	B-1	114
Last Name	First	Number	Building	Cell/Bed Number

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint or other documentation of informal process.) Per Harry Benjamin stand of Care for Gender Identity

Disorder after two year Real life test, final procedure sex reassignment
Surgery is to be performed, in being denied Sex reassignment surgery.
I'm Not Satisfied with the informal response due to the fact I have written
Dr. Carey whom advised me to Consult with my therapist here at
Buckingham Crr. et.

BKCC

DEC 01 '10

Grievance Office

What action do you want taken? I Want VADOC to follow the Harry Benjamin stand of Care treatment procedure as I have followed the procedure to achieve Sex reassignment Surgery. and to receive Appropriate Standard treatment for Gender Identity Disorder, as per U.S. Constitutional 8th Amendment and 14th amendment Rights.

Grievant's Signature: Ophelia DeIontaDate: 11/30/10

Warden/Superintendent's Office: _____

Date Received: _____

EX-A



INSTRUCTIONS FOR FILING: You are required per Operating Procedure 866.1 *Offender Grievance Procedure* to attempt to resolve your complaint in good faith prior to filing a regular grievance. You must submit your grievance within 30 days from the date of occurrence or discovery of incident. Only one issue per grievance will be addressed. Write your issue only in the space provided on the grievance form, preferably in ink. Regular grievances are submitted through the institutional mail to the Warden/Superintendent's office and a receipt issued within 2 working days from received date if the grievance is not returned during intake.

INTAKE: Grievances should be accepted for logging unless returned for the following reason(s):

<input type="checkbox"/>	Non-Grievable. This issue has been defined as non-grievable in accordance with Operating Procedure 866.1. <ul style="list-style-type: none"> <input type="checkbox"/> Disciplinary Procedure. You may appeal hearing decisions, penalties, and/or procedural errors under the provisions in Operating Procedure 861.1, <i>Offender Discipline</i>. <input type="checkbox"/> Matters beyond the control of the Department of Corrections
<input type="checkbox"/>	Does not affect you personally
<input type="checkbox"/>	Limited. You have been limited by the Warden/Superintendent
<input type="checkbox"/>	More than one issue – resubmit with only one issue
<input type="checkbox"/>	Expired Filing Period. Grievances are to be filed within 30 calendar days from date of occurrence/incident, or discovery of the occurrence/incident except in instances: 1) beyond the offender's control or, 2) where a more restrictive time frame has been established in Operating Procedures to prevent loss of remedy or the issue from becoming moot.
<input checked="" type="checkbox"/>	Repetitive. This issue has been grieved previously in Grievance # <u>800-10-266-00118</u>
<input type="checkbox"/>	Inquiry on behalf of other offenders.
<input type="checkbox"/>	Group Complaints or Petitions. Grievances are to be submitted by individuals.
<input type="checkbox"/>	Vulgar/Insolent or Threatening Language. YOU MAY BE CHARGED IN ACCORDANCE WITH OPERATING PROCEDURE 861.1 <i>OFFENDER DISCIPLINE</i>
<input type="checkbox"/>	Photocopy/Carbon Copy. You must submit the original grievance for responses and appeals.
<input type="checkbox"/>	Grievances Filed Regarding Another Institution. This grievance is being returned to you for you to submit to:
<input type="checkbox"/>	Informal Procedure. You have not used the informal process to <u>resolve</u> your complaint
<input type="checkbox"/>	Request for services
<input type="checkbox"/>	Insufficient Information. You need to provide the following information to the Grievance Office within 5 days before the grievance can be processed:
<input type="checkbox"/>	The issue in the grievance is different from the issue in the informal complaint

Institutional Ombudsman/Grievance Coordinator:

S. MeinhartDate: 12-1-10

If you disagree with this decision, you have 5 calendar days from date of receipt to submit to the Region Ombudsman for a review of the intake decision. The Regional Ombudsman's decision is final.

Regional Review of Intake (within 5 working days of receipt)

<input type="checkbox"/>	The intake decision is being upheld in accordance with Operating Procedure 866.1 <i>Offender Grievance Procedure</i> .
<input type="checkbox"/>	The intake decision is being returned to you because the 5 day time limit for review has been exceeded.
<input type="checkbox"/>	The grievance meets the criteria for intake and is being returned to the Warden/Superintendent for logging.

Regional Ombudsman:

Date:

WITHDRAWAL OF GRIEVANCE: I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I be able to file any other grievance in the future on this issue.

Offender Signature: _____ Date: _____

Staff Witness: _____ Date: _____

**Informal Complaint**

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

<u>Ophelia Delonta</u>	<u>#1014174</u>	<u>BA - 114</u>
Offender Name	Offender Number	Housing Assignment
<input type="checkbox"/> Unit Manager/Supervisor	<input type="checkbox"/> Food Service	<input type="checkbox"/> Treatment Program Supervisor
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Commissary	<input type="checkbox"/> Mailroom
<input type="checkbox"/> Medical Administrator	<input type="checkbox"/> Other (Please Specify): _____	

Briefly explain the nature of your complaint (be specific):

per Harry Benjamin standard of Care for Gender Identity Disorder
After two year Real life test, final procedure Sex reassignment Surgery
is to be performed. I'm being denied sex reassignment Surgery

BKCC

DEC 01 '10

BKCC

Grievance Office

NOV 08 '10

Offender Signature

Ophelia Delonta

Date 11-8-10

Grievance Office

Offenders - Do Not Write Below This Line

Date Received: 11/8/10

Tracking # 200-10-Inf-01517

Response Due: 11/17/10

Assigned to: L. Lang Psychology

Action Taken/Response:

Please submit your request to Dr. Carey. Approval or disapproval of your request is beyond the scope of this institution's authority

BKCC

NOV 23 '10

Grievance Office

L. D. Lang

Respondent Signature

Printed Name and Title

Date

11-23-10

Original - Offender

First Copy - File

Second Copy - Offender

EX-A



VIRGINIA DEPARTMENT OF CORRECTIONS

Grievance Receipt

866.1 A-3

DOC Location: 200 Buckingham Correctional Center

Report generated by Meinhard, S D

Report run on 07/26/2010 at 1:43 PM

Grievance Number 200-10-REG-00144

On this date:	07/26/2010	I have received a statement from:
Stokes, Michael A	1014174	of Buckingham Correctional Center
(Offender Name and DOC#)		(Filed Location)
Setting out the following complaint:		
Claims experiencing problems with current Treatment Team which is causing frustration, depression and irrational thoughts and compulsions to self castrate.		
S. Meinhard		HCA
(Signature)		(Title)

Exhibit A-1

Dr. RObin L. Hulbert
Mental Health Director
VDOC
6900 Atmore Drive
Richmond, Va 23225

Sept. 3rd 2010

Re: Treatment/Letter dated
5/27/10

Dear Dr. Hulbert,

Once again I appeal to you in hopes of your intervention that I may receive the apporpriate treatment for me.

I would like to reiterate issues of my last letter in which I was expressing the extreme distress I was experiencing with my "treatment team" and housing at Buckingham Corr. Ctr.

Things have become worse to the point of me becoming so frustrated in the attempts to seek answers concerning my gender treatment; that I was being driven to unwontedly urges to performing self-surgery.

What's so stressful and distressing is that I have wrote the "treatment team" as well as the warden of my issues and exactly how I wasfeeling performing self-surgery.

Nothing was done the response was so inimical, if my surgery was not pending depression and over whelming stress my self-surgery would have been imminent.

I wrote mary worrell whom is the regional director of health services at Atmore drive. She has the grievance I wrote if you would care to review.

My quest to you Dr. Hulbert is have me assigned to Powhatan Corr. Ctr. due to the treatment team here, **Mr. Marano, Psychologist Porterfield, Asst. Warden Estep.** My program has been established for the past five years, producing growth and stability.

Dr. Hulbert I have fourteen months before I see the paroleBoard, I haveno infractions in the past 20 months, nor any disciplinary issues. I was transferred due to an over zealous assistant warden with his own agenda; whom is no longer here and have been demoted to major else where(P.C. Hunnel)

Since being here in the infirmary I have learned that I cannot receive my kosher diet any longer. Due to alledgedly someone's mistake.... nor can I receive commonfare, because they do not provide commonfare at Buckingham.

Atmore Drive are looking to assign me somewhere that provides commonfare, here, Bland, Greensville are the facilites that provide commonfare.

Dr. Hulbert ~~anywhere~~ else would be futile, I very much want to go home

EX A-1

continuing therapy and my ultimate goal, with your assistance this can be achieved.

I ask that you please review my last letter dated 5/27/10 as well as other documents to help provide the most appropriate assignment to achieve G.I.D treatment required by a competent qualified team. (P.C.C.)

Although you have advised me that Dr. Carey is handling my case, in this grave matter your attention is very much warranted in the final decision.

enclosing I thank you for your time and attention and hopes that I hear from you soon regarding this matter.

Thank You,

Ophelia De'lonta #1014174

Gerald K. Washington-Regional Director
Central Regional Office
6900 Atmore Drive
Richmond, Virginia 23269

September 17th 2010

Re: Assignment

Dear Mr. Washington,

I'm writing to you concerning my housing assignment, I was transferred per your authorization April 6th 2010 to Buckingham Correctional Center. After consulting with staff at BKCC it was then revealed that Mr. Hunnel Asst. warden at Powhatan Correctional Center requested you sir to transfer me due to allegedly I had participated in two officers being terminated.

The problem now sir is that my treatment needs cannot be achieved at BKCC, nor can I receive my religious dietary requirements.

In June of 2010 at BKCC I advised Mr. Edmonds warden and senior Psychologist Stone there were extreme issues I was experiencing Psychologist Lang as my therapist.

To continuing therapy with her would be detrimental to my health, for after each session with her I would experience overwhelming unwanted urges to perform self-surgery.

Those above mentioned staff members response was, there will be no change made. April 6th 2010, I informed Counselor Toney that I required a commonfare meal, she stated we do not offer the diet here at Buckingham, you should have said something.

I informed her that I was not aware of being transferred or consulted.

For 84 days sir, I was set provided a meal for my religious dietary needs, on June 19th 2010 my dietary needs were approval per ICA for kosher diet, however I did not receive the Kosher meal until June 29th 2010.

On July 30th 2010 I was sent to MCV for surgery, then to Powhatan Infirmary were I'm currently receiving treatment.

Once again I was advised by BKCC that I would be returning and would not be receiving the Kosher diet that was approved per ICA, because they made a mistake in approving it.

I was also informed that I would not be receiving the commonfare diet as I am receiving now since July 30th 2010.

Sir you are the Regional Director, you approved the transfer, you sir are the final policy maker. which is why I'm making aware that I will not be receiving a meal returning to BKCC as well as my treatment needs would be at risk not to mention my stability.

First and foremost the justification to transfer me was an administrative decision, accepted and respected.

Ex - B-1

However my therapeutic and treatment needs should be the priority over all. I have 13 months before seeing the parole Board, I have no disciplinary infractions in over 20 months institutional adjustment remarkably stability with completion of programs vocational as well as mental health.

Thanks to the treatment team at powhatan, whom are extremely efficiently intentive in addressing my needs.

The next 13 months would be futile attempting to transfer and transition to another institution. Buckingham Corr. Ctr. do not even follow there own policy and procedures; I have had staff here call for my property for the past three weeks due to the stay of being here I will need my property.

Another inmate whom is here for ~~awhile~~ received his proerty yet BKCC did not send my proerty.

Attorney General has also advise BKCC to correct certain measures of my treatment, nothing was changed. I was harrassed by an officer the grievance founded, the officer was still allowed to have close contact with me.

I should not be punish for officers violation of policy, yet it is cleatr that my current treatment is nothing more then blant harrassment.

Now that you are fully aware of my current situation I hope that you sir would correct matters and assign me to the most apporriate facility to aaddress my needs.

I do look to hear from you sir reguard addressing these issues.

Thank You,

Ophelia M'lonta

| EX-B-13



Informal Complaint

120047

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

Offender Name Ophelia De'lonta Offender Number 1014174 Housing Assignment C5/A42
 Unit Manager/Supervisor Food Service Treatment Program Supervisor
 Personal Property Commissary Mailroom
 Medical Administrator Other (Please Specify): _____

Briefly explain the nature of your complaint (be specific):

I am not being allowed to wear my hair as other female inmates; shoulder length, or two braids or ponytail. Policy is being violated by not allowing me the same afforded right.

Offender Signature Ophelia De'lonta Date December 8th 2009

Offenders - Do Not Write Below This Line

Date Received: 12-9-09 PCC Tracking # 28834

Response Due: 12-23-09 Assigned to: GID Team

Action Taken/Response:

Per consultation with Security, PCC hygiene standards have to be met. Additionally, the longer hair length is felt to be a higher security concern for you as it attracts extra attention; you have had significant issues w/ safety issues @ PCC in the past. Please note - your request was passed on to the GID treatment team. Your safety was the primary concern.

Respondent Signature J. Porterafield, M.A.

Printed Name and Title J. Porterafield, M.A. / MGR/EVA

Date

Original - Offender

First Copy - File

Second Copy - C

RECEIVED
DEC 17 2009
-- OFFICE
EX-B



TO: Grievance Office

Operating Procedure# 866 Attachment #2

REGULAR GRIEVANCE FORM

864.1

Log Number 10310773

De'lonta	Ophelia	1014174	C5/A42	A/42
Last Name	First	Number	Building	Cell Number

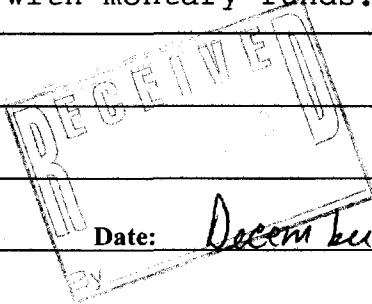
WHAT IS YOUR COMPLAINT? (Provide information from the informal process: who did you see, when did you see them, what was done OR attach informal complaint if Implementation Memorandum requires such).

I'm not being allowed to wear my hair as other female inmates; shoulder length, or two braids or ponytail. policy is being violated by denying me the same afforded right. I do not agree with the informal response because I have breast(42C) as well as wear panties. if my breast is not attracting unwanton attention my hair to my shoulder would not matter.

Futhermore the informal complaint states that security was the pirmary concern. *Not* if my safty was so much of a concern security would have put me at risk by putting the same inmate whom assaulted me with a lock, back in the same livining area.

What action do you want taken? I want to wear my hair as any other female inmate due my treatment plan and court order mandating VADOC provide Treatment for my GenderIdentity Disorder. and be compansated with montary funds.

Grievant's Signature:

Ophelia De'lonta

Date:

December 16th 2009

Warden/Superintendent's Office:

RECEIVED

Date Received:

DEC 17 2009

GRIEVANCE OFFICE

OFFENDER GRIEVANCE RESPONSE
LEVEL I

Offender Name Michael Stokes a.k.a. Ophelia DeLonta	Number 1014174/120047	Facility Powhatan C.C.	Log Number 103-10773
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LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days.)

Your submitted grievance and informal complaint have been reviewed. Your complaint in regards to not being allowed to wear your hair as other female inmates was addressed to the Gender Identity Disorder Team. A response to your complaint was provided by Ms. J. Porterfield, Mental Health Unit Director, stating, "Per conversation with Security, Powhatan Correctional Center hygiene standards have to be met. Additionally, the longer hair length is felt to be a higher security concern for you as it attracts extra attention and you have had significant issues with safety at Powhatan Correctional Center in the past. Please note – your request was passed on to the GID treatment team but your safety was the primary concern." In your grievance you claim you are being denied your rights by not being allowed to wear your hair as other female inmates. You want to wear your hair as any other female inmate due to your treatment plan and court order and be compensated with monetary funds. In your grievance you have included the following attachment: Informal Complaint # 28834, which has also been reviewed.

The Institutional Ombudsman did not meet with you regarding your grievance.

An investigation into your complaint reveals that, as stated in the Informal Complaint response per Ms. Porterfield, Powhatan Correctional Center hygiene standards have to be met. According to Ms. Porterfield, your treatment plan outlines that Powhatan Correctional Center is to treat your GID disorder to the best of our ability within the confines of security. There is no specific requirement to allow the growth of the hair. In accordance with Operating Procedure 864.1, Offender Grooming and Hygiene, "All offenders are expected to maintain good personal hygiene to promote a safe and healthy environment for themselves and others. Offenders are permitted freedom in personal grooming within the standards set forth in this operating procedure. Hair styles and beards that could conceal contraband; promote identification with gangs; create a health, hygiene or sanitation hazard; or could significantly compromise the ability to identify an offender are not allowed. Facilities will ensure that all offenders, regardless of housing status, have sufficient access to hair care and barbing services that comply with applicable DOC requirements and state health regulations." There has been no violation of policy.

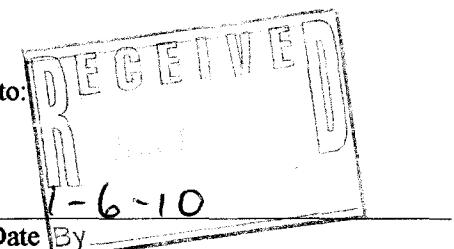
Operating Procedure, Offender Grooming and Hygiene, addresses your complaint, specifically sections V.A, 1 and VI.A 2-3, and was correctly applied.

Your grievance is **UNFOUNDED** based upon the investigation.

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:

Health Services Director Unit, Post Office Box 26963, Richmond, Virginia 23261

Warden/Superintendent



I wish to appeal the Level I response because: The denial of me not being able to wear my hair as other female inmates; is not based on policy 864.1 Futhermore Ms. Porterfi stated that per security there is no requirement to allow the growth of the hair. denial of me to excrise my rights as other female inmates violates D.O.C Policy as well as violates my 14th Amendment equal protection. thus I seek monetary funds as the ablity to be treated as other female inmates; as well as follow 2004 settlment agreement.

Offender Signature

1/7/10
Date

EX-B



COMMONWEALTH of VIRGINIA

GENE M. JOHNSON
DIRECTOR

Department of Corrections
INMATE GRIEVANCE RESPONSE FORM

P. O. BOX 26963
RICHMOND, VIRGINIA 23261
(804) 674-3000

LEVEL II

M. Stokes

1014174/120047

PCC

103-10773

Inmate Name	Number	Institution	Log Number
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LEVEL II HEALTH SERVICES DIRECTOR:

Your grievance appeal has been reviewed along with the response from Level I, and your original complaint that per your grievance you are requesting to wear your hair in accordance with the guidelines for female offenders.

After reviewing the information you provided, communicating with the mental health team and referring to the policy governing the issue, your complaint is considered to be unfounded. The Gender Identity Disorder Treatment Team addressed your request and found that it would be a security issue for you. As stated in the Treatment Team's response, you have had issues in the past with safety and your safety remains the Department of Corrections' primary concern. Per your treatment plan, the Department of Corrections is to treat Gender Identity Disorder to the best of its ability within the confines of security. A number of feminizing issues have been accommodated, but the grooming policy is a security policy.

Based on the information provided and upon further investigation, I concur with the Level I response and find your grievance unfounded. The Level I response is correct. There has been no violation of policy.

In accordance with DOP 866 governing the inmate grievance procedure, Level II is the last level of appeal for this complaint.

HEALTH SERVICES DIRECTOR

1/26/10
Date

FS/mc/cfg

EX-B



COMMONWEALTH of VIRGINIA

GENE M. JOHNSON
DIRECTOR

Department of Corrections

P. O. BOX 26963
RICHMOND, VIRGINIA 23261
(804) 674-3000

July 1, 2010

Ophelia Delonta # 1014174
Buckingham Correctional Center
PO Box 430
Dillwyn, VA 23936

Dear Offender Delonta:

I am responding to several letters that you have written since your transfer to Buckingham Correctional Center. In regards to your hormone treatment, you will be seen on a yearly basis by Dr. Kozlow and all decisions regarding your hormone treatment will be made at that time by Dr. Kozlow.

Regarding your concerns about feminizing articles, the mental health staff is aware of your treatment plan. A number of feminizing issues have already been accommodated. Per your treatment plan, the Department of Corrections is to treat Gender Identity Disorder to the best of its ability within the confines of security. You have had issues in the past with safety and your safety remains the Department of Corrections' primary concern. Some feminizing articles may not be approved because of security concerns.

In regards to treatment for Gender Identity Disorder at Buckingham Correctional Center, the entire mental health staff is comprised of trained and licensed clinicians who are authorized to make decisions regarding your mental health care. You are currently meeting with Ms. Lang on an individual basis.

Lastly, in regards to gender reassignment surgery, I would request that you continue to work with Ms. Lang in individual therapy at this time.

Sincerely,

Meredith R. Cary, M.D.

Meredith R. Cary, M.D.
Chief Psychiatrist
VA DOC

EX-C



REGULAR GRIEVANCE

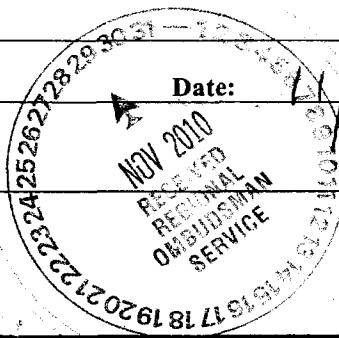
Log Number: _____

De'lonta	Ophelia	1014174	B-1	114
Last Name	First	Number	Building	Cell/Bed Number

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint or other

documentation of informal process.) My Gender is Female and I should be housed in a female facility. But im housed in a male facility here at Buckingham Corr. Ct. There are no other female inmates housed at Buckingham or any other male facility, therefore im being discriminated against, due to I was transferred to Buckingham Corr. Ct on 11-2-10, im not satisfied with the informal response due to Buckingham administration knows fully well im a female because of my treatment needs, therefore are responsible for recommending appropriate housing as Buckingham do for any other female.

What action do you want taken? Buckingham administration to ICA me to Appropriate Female Facility, knowing that I can't achieve full treatment as any other female offender.

Grievant's Signature: Ophelia DelontaWarden/Superintendent's Office: S. ReinhardtDate Received: 11-18-10Date: 11/12/10BKCCNOV 18 '10Grievance Office

on Date: 5/29/07



INSTRUCTIONS FOR FILING: You are required per Operating Procedure 866.1 *Offender Grievance Procedure* to attempt to resolve your complaint in good faith prior to filing a regular grievance. You must submit your grievance within 30 days from the date of occurrence or discovery of incident. Only one issue per grievance will be addressed. Write your issue only in the space provided on the grievance form, preferably in ink. Regular grievances are submitted through the institutional mail to the Warden/Superintendent's office and a receipt issued within 2 working days from received date if the grievance is not returned during intake.

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<input type="checkbox"/>	<input type="checkbox"/> Matters beyond the control of the Department of Corrections
<input type="checkbox"/>	Does not affect you personally
<input type="checkbox"/>	Limited. You have been limited by the Warden/Superintendent
<input type="checkbox"/>	More than one issue – resubmit with only one issue
<input checked="" type="checkbox"/>	Expired Filing Period. Grievances are to be filed within 30 calendar days from date of occurrence/incident, or discovery of the occurrence/incident except in instances: 1) beyond the offender's control or, 2) where a more restrictive time frame has been established in Operating Procedures to prevent loss of remedy or the issue from becoming moot. <i>DRC = 1-29-1990 (Male facilities)</i>
<input type="checkbox"/>	Repetitive. This issue has been grieved previously in Grievance #
<input type="checkbox"/>	Inquiry on behalf of other offenders.
<input type="checkbox"/>	Group Complaints or Petitions. Grievances are to be submitted by individuals.
<input type="checkbox"/>	Vulgar/Insolent or Threatening Language. YOU MAY BE CHARGED IN ACCORDANCE WITH OPERATING PROCEDURE 861.1 <i>OFFENDER DISCIPLINE</i>
<input type="checkbox"/>	Photocopy/Carbon Copy. You must submit the original grievance for responses and appeals.
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<input type="checkbox"/>	Informal Procedure. You have not used the informal process to <u>resolve</u> your complaint
<input type="checkbox"/>	Request for services
<input type="checkbox"/>	Insufficient Information. You need to provide the following information to the Grievance Office within 5 days before the grievance can be processed: _____
<input type="checkbox"/>	The issue in the grievance is different from the issue in the informal complaint

Institutional Ombudsman/Grievance Coordinator: S. Meinhard Date: 11-18-10

If you disagree with this decision, you have 5 calendar days from date of receipt to submit to the Regional Ombudsman for a review of the intake decision. The Regional Ombudsman's decision is final.

Regional Review of Intake (within 5 working days of receipt)

<input checked="" type="checkbox"/>	The intake decision is being upheld in accordance with Operating Procedure 866.1 <i>Offender Grievance Procedure</i> .
<input type="checkbox"/>	The intake decision is being returned to you because the 5 day time limit for review has been exceeded.
<input type="checkbox"/>	The grievance meets the criteria for intake and is being returned to the Warden/Superintendent for logging.

Regional Ombudsman: R. Bryant Date: 12/2/10

WITHDRAWAL OF GRIEVANCE: I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I be able to file any other grievance in the future on this issue.

Offender Signature: _____ Date: _____

Staff Witness: _____ Date: _____

I disagree with this decision, due to i returned back to this facility on Nov-2nd 2010, my complaint is against this Facility At the present time.

Therefore this grievance should be returned because it meets the Criteria for intake and Should be logged

11-19-20

Ophelia Delantz



D



REGULAR GRIEVANCE

Log Number: _____

De'onta	Ophelia	1014174	B	114
Last Name	First	Number	Building	Cell/Bed Number

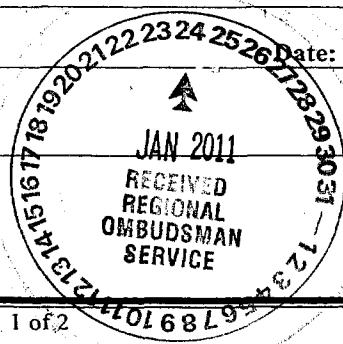
WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint or other documentation of informal process.) Per my Gender Identity treatment plan Settlement with VADOC I'm not to be housed in the same cell with male inmates, this has been the standard of policy per VADOC since 2004. However on 12-8-10 I was forced without my consent, placed in the infirmary at BKCC, where 3 other inmates (male) were currently being housed, as forced to be exposed using the bathroom for there was no door or enclosure. I'm not satisfied with the informal response, due to my security and privacy needs should have been of priority. there was no privacy of using the bathroom, because the toilet area is in the open room, where anyone has access to observing me by just walking by.

What action do you want taken? Why was I placed in a room with open bathroom facilities where male inmates housed in the infirmary observed me using the bathroom, and why was the procedure of policy as well as Settlement agreement violated.

Grievant's Signature:

Warden/Superintendent's Office:

Date Received:



1-13-11

BKCC

JAN 18 '11

Grievance C

EXHIBIT F



INSTRUCTIONS FOR FILING: You are required per Operating Procedure 866.1 *Offender Grievance Procedure* to attempt to resolve your complaint in good faith prior to filing a regular grievance. You must submit your grievance within 30 days from the date of occurrence or discovery of incident. Only one issue per grievance will be addressed. Write your issue only in the space provided on the grievance form, preferably in ink. Regular grievances are submitted through the institutional mail to the Warden/Superintendent's office and a receipt issued within 2 working days from received date if the grievance is not returned during intake.

INTAKE: Grievances should be accepted for logging unless returned for the following reason(s):

<input type="checkbox"/>	Non-Grievable. This issue has been defined as non-grievable in accordance with Operating Procedure 866.1. <input type="checkbox"/> Disciplinary Procedure. You may appeal hearing decisions, penalties, and/or procedural errors under the provisions in Operating Procedure 861.1, <i>Offender Discipline</i> . <input type="checkbox"/> Matters beyond the control of the Department of Corrections
<input type="checkbox"/>	Does not affect you personally
<input type="checkbox"/>	Limited. You have been limited by the Warden/Superintendent
<input type="checkbox"/>	More than one issue – resubmit with only one issue
<input checked="" type="checkbox"/>	Expired Filing Period. Grievances are to be filed within 30 calendar days from date of occurrence/incident, or discovery of the occurrence/incident except in instances: 1) beyond the offender's control or, 2) where a more restrictive time frame has been established in Operating Procedures to prevent loss of remedy or the issue from becoming moot.
<input type="checkbox"/>	Repetitive. This issue has been grieved previously in Grievance #
<input type="checkbox"/>	Inquiry on behalf of other offenders.
<input type="checkbox"/>	Group Complaints or Petitions. Grievances are to be submitted by individuals.
<input type="checkbox"/>	Vulgar/Insolent or Threatening Language. YOU MAY BE CHARGED IN ACCORDANCE WITH OPERATING PROCEDURE 861.1 <i>OFFENDER DISCIPLINE</i>
<input type="checkbox"/>	Photocopy/Carbon Copy. You must submit the original grievance for responses and appeals.
<input type="checkbox"/>	Grievances Filed Regarding Another Institution. This grievance is being returned to you for you to submit to:
<input type="checkbox"/>	Informal Procedure. You have not used the informal process to <u>resolve</u> your complaint
<input type="checkbox"/>	Request for services
<input type="checkbox"/>	Insufficient Information. You need to provide the following information to the Grievance Office within 5 days before the grievance can be processed: _____
<input type="checkbox"/>	The issue in the grievance is different from the issue in the informal complaint

Institutional Ombudsman/Grievance Coordinator:

S. MeinhardDate: 1-18-2011

If you disagree with this decision, you have 5 calendar days from date of receipt to submit to the Regional Ombudsman for a review of the intake decision. The Regional Ombudsman's decision is final.

Regional Review of Intake (within 5 working days of receipt)

<input checked="" type="checkbox"/>	The intake decision is being upheld in accordance with Operating Procedure 866.1 <i>Offender Grievance Procedure</i> .
<input type="checkbox"/>	The intake decision is being returned to you because the 5 day time limit for review has been exceeded.
<input type="checkbox"/>	The grievance meets the criteria for intake and is being returned to the Warden/Superintendent for logging.

Regional Ombudsman:

A. Bryant

Date:

1/34/11

WITHDRAWAL OF GRIEVANCE: I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I be able to file any other grievance in the future on this issue.

Offender Signature: _____ Date: _____

Staff Witness: _____ Date: _____



Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated box at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

Ophelia DeLonta

Offender Name

1014174

Offender Number

B1-114

BKCC

N3780

Housing Assignment

Unit Manager/Supervisor
 Personal Property
 Medical Administrator

Food Service
 Commissary
 Other (Please Specify):

Treatment Program Supervisor
 Mailroom

JAN 04 '11

Grievance Office

Briefly explain the nature of your complaint (be specific):

Per my Gender Identity treatment plan settlement with VADOC I'm not to be housed in the same cell with male inmates, this has been the standard of policy per VADOC since 2004. However on 12-8-10 I was forced without my consent placed in the infirmary at Buckingham Conv. Ct. Where 3 other inmates (male) were currently being housed, as forced to be exposed using the bathroom for there was no door or enclosure.

Offender Signature

Ophelia DeLonta

Date 12-31-10

Offenders - Do Not Write Below This Line

Date Received: 1/4/11

Tracking # BKCC-10-JNF-00018

Response Due: 1/18/11

Assigned to: Mr. Booker AW

Action Taken/Response:

Your medical needs was depended upon the assignment. Reasonable privacy was afforded you.

BKCC

BKCC

JAN 18 '11

Grievance Office

JAN 11 '11

Grievance Office

B. Booker

Respondent Signature

B. Booker AW

Printed Name and Title

1/6/14

Date

Original - Offender

First Copy - File

Second Copy - Offender as Intake Receipt

I disagree with the decision based upon I was admitted to the infirmary due to serious medical issues requiring pain medication (narcotics) that had me in a induced state, then being placed on Strip Cell until Jan 10, which makes the process of filing the grievance until 1-13-11 when I was allowed to receive my mail from 12-27-10 until then. this grievance should be returned for logging.

1-19-11

Opalbi Delant



F



To Grievance office - 1a-11
Operator

REGULAR GRIEVANCE

Log Number:

Delonta	Ophelia	1014174	B 1	114
Last Name	First	Number	Building	Cell/Bed Number

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint or other documentation of informal process.) I suffer from Severe Gender identity disorder in

documentation of informal process.) I suffer from Severe Gender Identity Disorder but not receiving effective GID treatment that causes me to mutilate my own genitalia, essentially performing my own makeshift sex reassignment surgery. However I'm being punished by being charged with a offense Code 234 Self-mutilation or other intentionally inflicted Self-injury, which is Violation of my Constitutional rights inadequate medical treatment charging me for a medically disorder, I disagree with the informal response due to my complaincy of inadequate medical treatment.

What action do you want taken? Why as a result of Complications from my disorder, im not receiving adequate appropriate treatment. When i have uncontrollable Compulsions for self Surgery.

Grievant's Signature

Warden/Superintendent's Office:

Date Received:



1-19-11

BKCC

JAN 20 1981

© 2001

EXHIBIT
F



INSTRUCTIONS FOR FILING: You are required per Operating Procedure 866.1 *Offender Grievance Procedure* to attempt to resolve your complaint in good faith prior to filing a regular grievance. You must submit your grievance within 30 days from the date of occurrence or discovery of incident. Only one issue per grievance will be addressed. Write your issue only in the space provided on the grievance form, preferably in ink. Regular grievances are submitted through the institutional mail to the Warden/Superintendent's office and a receipt issued within 2 working days from received date if the grievance is not returned during intake.

INTAKE: Grievances should be accepted for logging unless returned for the following reason(s):

<input checked="" type="checkbox"/>	Non-Grievable. This issue has been defined as non-grievable in accordance with Operating Procedure 866.1. <input checked="" type="checkbox"/> Disciplinary Procedure. You may appeal hearing decisions, penalties, and/or procedural errors under the provisions in Operating Procedure 861.1, <i>Offender Discipline</i> . <input type="checkbox"/> Matters beyond the control of the Department of Corrections
<input type="checkbox"/>	Does not affect you personally
<input type="checkbox"/>	Limited. You have been limited by the Warden/Superintendent
<input type="checkbox"/>	More than one issue – resubmit with only one issue
<input type="checkbox"/>	Expired Filing Period. Grievances are to be filed within 30 calendar days from date of occurrence/incident, or discovery of the occurrence/incident except in instances: 1) beyond the offender's control or, 2) where a more restrictive time frame has been established in Operating Procedures to prevent loss of remedy or the issue from becoming moot.
<input type="checkbox"/>	Repetitive. This issue has been grieved previously in Grievance #
<input type="checkbox"/>	Inquiry on behalf of other offenders.
<input type="checkbox"/>	Group Complaints or Petitions. Grievances are to be submitted by individuals.
<input type="checkbox"/>	Vulgar/Insolent or Threatening Language. YOU MAY BE CHARGED IN ACCORDANCE WITH OPERATING PROCEDURE 861.1 <i>OFFENDER DISCIPLINE</i>
<input type="checkbox"/>	Photocopy/Carbon Copy. You must submit the original grievance for responses and appeals.
<input type="checkbox"/>	Grievances Filed Regarding Another Institution. This grievance is being returned to you for you to submit to:
<input type="checkbox"/>	Informal Procedure. You have not used the informal process to <u>resolve</u> your complaint
<input type="checkbox"/>	Request for services
<input type="checkbox"/>	Insufficient Information. You need to provide the following information to the Grievance Office within 5 days before the grievance can be processed: _____
<input type="checkbox"/>	The issue in the grievance is different from the issue in the informal complaint

Institutional Ombudsman/Grievance Coordinator:

S. Meinhard

Date:

1-20-11

If you disagree with this decision, you have 5 calendar days from date of receipt to submit to the Regional Ombudsman for a review of the intake decision. The Regional Ombudsman's decision is final.

Regional Review of Intake (within 5 working days of receipt)

<input checked="" type="checkbox"/>	The intake decision is being upheld in accordance with Operating Procedure 866.1 <i>Offender Grievance Procedure</i> .
<input type="checkbox"/>	The intake decision is being returned to you because the 5 day time limit for review has been exceeded.
<input type="checkbox"/>	The grievance meets the criteria for intake and is being returned to the Warden/Superintendent for logging.

Regional Ombudsman:

R. Bryant

Date:

1/31/11

WITHDRAWAL OF GRIEVANCE: I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I be able to file any other grievance in the future on this issue.

Offender Signature: _____ Date: _____

Staff Witness: _____ Date: _____

**Informal Complaint**

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

Ophelia Delonta

Offender Name

1014174

Offender Number

B-1 114

Housing Assignment

Unit Manager/Supervisor
 Personal Property
 Medical Administrator

Food Service
 Commissary
 Other (Please Specify): _____

Treatment Program Supervisor
 Mailroom

Briefly explain the nature of your complaint (be specific):

I suffer from Severe Gender Identity Disorder, in not receiving effective GID treatment that causes me to mutilate my own genitalia, essentially performing my own makeshift sex reassignment surgery. However I'm being punished by being charged with a offense Code 234 Self-Mutilation or other intentionally inflicted Self-injury. Which is violation of my Constitutional rights, inadequate medical treatment, changing me for a medically disorder.

Offender Signature

Ophelia Delonta

Date 1-10-11

Offenders - Do Not Write Below This Line

Date Received: 1-18-11

BKCC

Tracking # BKCC-11-INF-00082

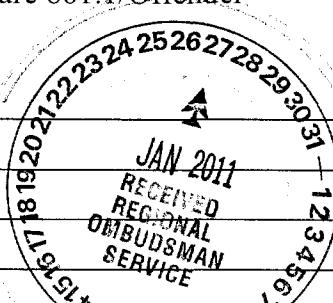
Response Due: 1-27-11

JAN 18 Assigned to: _____

Action Taken/Response:

Grievance Office

Your issue is Non-Grievable; you may appeal hearing decisions, penalties and/or procedural errors under the provisions in Operating Procedure 861.1/Offender Discipline.

*S. Meinhard*

Respondent Signature

S. Meinhard/HRA

Printed Name and Title

Date

Original - Offender

First Copy - File

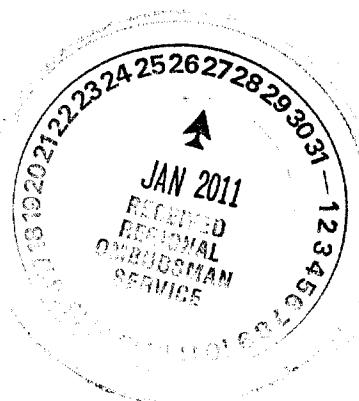
Second Copy - Offender as Intake Receipt



I disagree with this decision based upon the issue that
Im Grievance is NOT a Disciplinary procedure. But
inadequate Medical treatment. instead of receiving
Appropriate medical treatment for my GID, I received
A Charge, which do not do anything for my
uncontrollable Compulsions to Self-Surgery.
Therefore this grievance should be returned for
logoff.

Thank you,
Ophelia De'Vore

1-26-11



15

~~To: Grievance Office~~

REGULAR GRIEVANCE BLCG-11-REG-00074

Log Number: _____

Delonta	Ophelia	101-4174	B-1	113
Last Name	First	Number	Building	Cell/Bed Number

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint or other documentation of informal process.) on 3-14-11 Nurse Lou Dixon refuse to give me my Estradiol patch, after psychologist hang, called Medical, and requested I receive my medication. I had missed two days of my oral dosage, due to suffering from psychological issues that im seeing Ms. hang for; after session with her today, I agreed to go and get my medication; However Nurse Dixon stated I had to wait until thursday, forcing me to experience adverse effects. I'm not satisfied with the informal response, due to the fact my patch is changed on Mon. and Thurs. Due to the psychological issues occurring over that weekend prevented me from getting my oral dosage, however See psychologist hang on Monday, she called Medical instead of them, I needed my medication.

What action do you want taken? why Nurse Dixon refuse to issue my Hormonal patch when Monday was my prescribed day to receive it this was no medical justification to deny me my medication. I was punished by Nurse Dixon, and forced to experience adverse side effects. which Nurse Dixon could have utilized the 861 if I failed to follow instruction. not deny my medication.

Grievant's Signature:

Ophelia Delonta

Date: 3-25-11

Warden/Superintendent's Office:

S. Meinhart

RECEIVED	BKCC
APR 20 2011	MAR 28 '11
By _____	Grievance Office

Date Received: 3-28-11

Exhibit G

**Informal Complaint**

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

Ophelia De'lonta

Offender Name

#1014174

Offender Number

B-1 113

Housing Assignment

Unit Manager/Supervisor
 Personal Property
 Medical Administrator

Food Service
 Commissary
 Other (Please Specify): _____

Treatment Program Supervisor
 Mailroom

Briefly explain the nature of your complaint (be specific):

On 3-14-11 Nurse Lou Dixon refused to give me my Estradiol Patch, after Psychologist Lang Canceled medical, and requested I rectify my medication. I had missed two days of my oral dosage, due to suffering from psychological issues that I'm seeing ms. lang for. After a session with her today, I agreed to go and get my medication. However Nurse Dixon stated I had to wait until Thursday, forcing me to experience adverse effects.

Offender Signature Ophelia De'lontaDate 3-14-11

BKCC

MAR 28 11

Offenders - Do Not Write Below This Line

Date Received: 3-15-11

BKCC

BKCC-11-INF-00384

Tracking #

Grievance Office

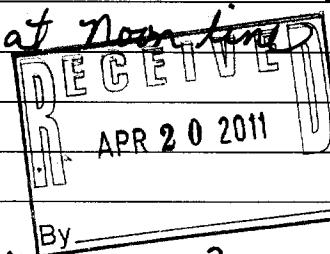
Response Due: 3-24-11

MAR 15 11

Assigned to: Medical

Action Taken/Response:

As instructed previously, your Estrogen Patch is due for you to come to NOON pill line. You came to evening to get your medication. You were told when this happened previously that if you failed another time to come to the correct pill line that you would not receive it. It happened again. Please come at noon time to get your medication in the future.



BKCC

MAR 24 11

Ophelia De'lonta

Respondent Signature

Lou Dixon RN Mgr.

Printed Name and Title

3-22-11

Date

Grievance Office

Original - Offender

First Copy - File

Second Copy - Offender as Intake Receipt



VIRGINIA DEPARTMENT OF CORRECTIONS

**Offender Grievance Response - Level
II**

866.1 A-7

DOC Location: Central Office,

Administration

Report Generated by Ray, Howard

Report run on 4/28/2011 at 1:48 PM

Offender Name	DOC#	Location	Grievance Number
Stokes, Michael A	1014174	Current Buckingham Correctional Center	BKCC-11-REG-00074
Housing		Filed Buckingham Correctional Center	
N-1-106-B		Appeal to Address	

LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR OFFENDER MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)

LEVEL II HEALTH SERVICES DIRECTOR:

Your grievance appeal complaint has been reviewed along with the response from Level I and your complaint that the Health Authority refused to give you your prescribed Estradiol patch after the psychologist requested you receive it. You further state in your appeal that there was no set time to receive your medication. You want to know why you were denied your medication.

Based on the information provided and upon further investigation, I concur with the Level I response and have determined your grievance **UNFOUNDED**. It is reported by the Health Authority that you did not arrive at the time recommended by Medical to receive your medication. **This issue is governed by restricted policy.**

If you continue to experience health issues, please resubmit a sick call request for further evaluation of your medical needs and treatment plan. There is no violation of policy/procedure regarding this issue. No further action is needed from this level.

Level II is the last level of appeal for this grievance

4/28/11

Date



VIRGINIA DEPARTMENT OF CORRECTIONS

866.1 A-6

DOC Location: Buckingham Correctional
Center

Report Generated by Meinhard, Stacy

Report run on 4/1/2011 at 12:37 PM

**Offender Grievance Response -
Level I**

Offender Name	DOC#	Location	Grievance Number
Stokes, Michael A	1014174	Current Buckingham Correctional Center	BKCC-11-REG-00074
Housing		Filed Buckingham Correctional Center	
B-1-113-B			

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)

You state on 3/14/2011 Nurse Dixon refused to give you your Estradoil patch after Psychologist Lang called medical and requested you receive your medication. You admit that you had missed two days of your oral dosage due to suffering from Psychological issues that you were seeing Mrs. Lang for and after your session with her on 3/14/2011 you agreed to go and get your medication.

As a result of this grievance, you would like to know why Nurse Dixon refused to issue your hormonal patch/medication.

According to your Informal Complaint response from Nurse Dixon/RN, as instructed previously, your Estrogen Patch is due for you to come to NOON pill line. You came to evening to get your medication. You were told when this happened previously that if you failed another time to come to the correct pill line that you would not receive it if it happened again. Please come at Noon line to get your mediation in the future.

An investigation into this matter indicates the administration of medications may include advance preparation, "set up" or "pre-pouring" of medication. In other words, staff prepares those medications needed for the time that is specified in your prescription in advance. In order to keep the pill line running in a smooth fashion, staff will not stop to prepare medication that is not listed to distribute at that time frame. If you come to the pill window during any other time but your scheduled time, your medication will not be available. Medication discontinuation will be considered for repeated non-adherence issues and documented on a *Refusal to Consent to Treatment* form. It is your responsibility to adhere to your scheduled medication pick up time(s).

Per the Operating Procedure that deals with Pharmacy Services –
offender restricted ; staff is in compliance.

After thoroughly reviewing the information in response to your complaint and the Operating Procedure governing the issue, your grievance is unfounded. Staff has acted in accordance to policy and procedure.

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to
Health Services
PO Box: 26963
Richmond , VA 23261-6963

RECEIVED

APR 20 2011

By _____
4/14/11

Date _____

I wish to appeal the Level I response because: Regarding less of advance prep. Emergency situation due occur. As Delonta was experiencing difficulty, as to why psychologist Lang advised medical to issue her Patch. Which is required that day, no particular time. There was no medical justification, nor security justification to deny Delonta her patch, causing more adverse side effects with denial of Patch. medical should have if it was deemed appropriate to issue a institutional infraction. Not deny medication for justification of punishment. Furthermore psyc. Lang called medical at 3:00 pm. Delonta only requirement is Offender signature to receive the patch that particular Date day, there was no set time.

Ophelia DeLonta

4-15-11